Texas Department of Aging
and Disability Services

Form 8577
January 2012

Completed By	Agency	Date Completed

Questionnaire for DADS HCS/CLASS Interest Lists

Individual's Name		Social Security No.
Date of Birth	CSIL No.	CARE No.
Name of Person Providing Information if Other Than Individual		Relationship to Individual
Informant's Mailing Address		Informant's Area Code and Telephone No.

☐ **Declined to answer questionnaire items.** Note: _____

1. Is help needed with:
   - ☐ personal care (completing tasks such as bathing, dressing or eating)?
   - ☐ communicating (listening to and speaking with others, and/or comprehending)?
   - ☐ learning or remembering things (absorbing/using new information or retaining information)?
   - ☐ walking or getting around (moving around in his or her environment)?
   - ☐ living independently (making and acting on decisions about daily life, work, living arrangements, money, etc.)?
   - ☐ skills training? Explain: _____
   - ☐ Declined to answer. ☐ Unknown

   If the individual is now, or previously has been enrolled in any program to assist with the above needs, list the type of service and the provider(s):

   _____

   _____

2. Has a diagnosis been given for intellectual disability? ☐ Yes ☐ No ☐ Unknown ☐ Declined to Answer
   If yes, was the diagnosis before age 18? ☐ Yes ☐ No ☐ Unknown
   Or
   Has any other diagnosis been given? ☐ Yes ☐ No ☐ Unknown
   If yes, list diagnosis: _____ What year was the diagnosis given? _____

3. Is the individual on an interest list for any other services?
   - ☐ None
   - ☐ Community Based Alternatives (CBA)
   - ☐ Home and Community-based Services (HCS)
   - ☐ Medically Dependent Children Program (MDCP)
   - ☐ Deaf-Blind Multiple Disabilities (DBMD)
   - ☐ Community Living Assistance and Support Services (CLASS)
   - ☐ Local Authority (LA) Interest List
   - ☐ Other DADS Interest Lists
   - ☐ Unknown
   - ☐ Declined to Answer

4. Initial action taken by DADS/LA:
   - ☐ List of DADS Services mailed
   - ☐ LA "Identification of Preferences" form completed
   - ☐ Placed on Interest List (program): _____
   - ☐ Referral made to CBA
   - ☐ Referral made to HCS
   - ☐ Referral made to MDCP
   - ☐ Referral made to DBMD
   - ☐ Referral made to CLASS
   - ☐ Referral made to local DADS office
   - ☐ Referral made to local LA
   - ☐ Referral made to AAA
   - ☐ Referral made to ☐ HHSC ☐ DSHS ☐ DFPS ☐ DARS
   - ☐ Other: _____
   - ☐ No action taken

5. Comments:

   _____

   _____

   _____

   _____